

Appendix H

Reports for

Hospitals

Appendix H

Hospital Data Quality Reports

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**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Whitman Hospital & Medical Ctr - 153**

RECORD EXCLUSION REPORT

Processing Period: November 2, 2001 - November 30, 2001

Patient Control Number	Discharge Date	Bill Type	Error Message
W00936336	10/23/2001	111	Duplicate Patient Control Number
W00956300	10/12/2001	111	Duplicate Patient Control Number
W00969741	10/02/2001	111	Duplicate Patient Control Number
W00973909	10/01/2001	111	Duplicate Patient Control Number
W00974782	10/04/2001	111	Duplicate Patient Control Number
W00975037	10/02/2001	111	Duplicate Patient Control Number
W00975276	10/03/2001	111	Duplicate Patient Control Number
W00975409	10/02/2001	111	Duplicate Patient Control Number
W00975581	10/05/2001	111	Duplicate Patient Control Number
W00975847	10/04/2001	111	Duplicate Patient Control Number
W00976647	10/04/2001	111	Duplicate Patient Control Number
W00976837	10/09/2001	111	Duplicate Patient Control Number
W00976894	10/02/2001	111	Duplicate Patient Control Number
W00976969	10/04/2001	111	Duplicate Patient Control Number
W00977009	10/01/2001	111	Duplicate Patient Control Number
W00977058	10/01/2001	111	Duplicate Patient Control Number
W00978395	10/09/2001	111	Duplicate Patient Control Number
W00978627	10/05/2001	111	Duplicate Patient Control Number
W00978809	10/03/2001	111	Duplicate Patient Control Number
W00978932	10/04/2001	111	Duplicate Patient Control Number
W00978957	10/09/2001	111	Duplicate Patient Control Number
W00979039	10/06/2001	111	Duplicate Patient Control Number
W00979104	10/05/2001	111	Duplicate Patient Control Number
W00979229	10/04/2001	111	Duplicate Patient Control Number

Version 2.5



WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED DATABASE SYSTEM

Submission Data Quality Reports

Auburn Regional Medical Center - 183

☐ **Pass** ☐ **Fail**

Support Specialist: _____

For assistance, please contact your Support Specialist at (800) 568-3282

Date Prepared: 01/23/02, 9:09 AM
Hospital: 183

Data Type: Inpatient
Skey: 20551

Version 2.5



**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

DATA SUBMISSION SUMMARY

Processing Period: December 1, 2001 - December 31, 2001

Data Summary			Reports	
Total Discharges Reported	508		Data Quality Reports	Report Name
Total Discharges Processed	464		Summary Audit Error	Discharge Count
Total Charges Reported	5,596,053.00		Executive Summary Report	IDBS02
Total Charges Processed	4,804,489.89		Clinical Data Quality and Historical Comparison	IDBS03
Date Received	01/23/02		Financial Data Quality and Historical Comparison	IDBS04
Date Processed	01/23/02		Classification by DRG	IDBS05
			35 Most Frequent Diagnosis Related Groups(DRGs)	IDBS07
			35 Most Frequent Principal Diagnosis(Dx) Codes	IDBS08
			35 Most Frequent Principal Procedure(Px) Codes	IDBS09
Targeted Fatal Error Threshold	60.0%		Audit Error Turnaround Document	IDBS10
Discharges with Fatal Errors	1.7%		Audit Error Summary Report	IDBS11
Financial	0.6%		Financial Data Summary Report	IDBS12
Clinical	1.1%			IDBS13

Date Prepared: 01/23/02, 9:09 AM
IDBS01 : 20551

Data Type: Inpatient
Page 1 of 1

DATA SUBMISSION SUMMARY (IDBS01) Explanatory Notes

<p>Total Discharge Reported</p> <p>The total count of discharges in this submission as reported by the hospital on the Submission Transmittal Form.</p>	<p>Data Quality Reports</p> <p>This column specifies which Data Quality Reports are included in this packet (by title).</p>	<p>Discharge Count</p> <p>The count of how many patients are reflected on each Data Quality Report is displayed here. For example, while all patients are counted for the Executive Summary Report, only those with errors are counted for the Audit Error Summary Report. Only the patients in the top 35 DRGs, principal diagnoses or principal procedures are counted on the Most Frequent Report.</p>	<p>Report Name</p> <p>This column shows the report name and number as displayed in the bottom left corner of each Data Quality Report (e.g., IDBS01).</p>
<p>Total Discharge Processed</p> <p>The actual count of discharges in this submission for the patient type (e.g., Inpatient) found in the lower right corner of the report.</p>			
<p>Total Charges Reported</p> <p>The total charges in this submission as reported by the hospital on the Submission Transmittal Form.</p>			
<p>Total Charges Processed</p> <p>The actual total charges in this submission for the patient type (e.g., Inpatient) found in the lower right corner of the report.</p>			
<p>Date Received</p> <p>The date the data is received at Solucient is displayed here.</p>			
<p>Date Processed</p> <p>The date the data is processed is displayed here.</p>			
<p>Targeted Fatal Error Threshold</p> <p>This percentage reflects all discharges with at least one fatal error, as defined by the association or group of the participating hospital. The percentage is based on total discharges.</p>			
<p>Financial</p> <p>This percentage reflects all discharges with at least one fatal error on a financial data field. The percentage is based on total discharges.</p>			
<p>Clinical</p> <p>This percentage reflects all discharges with at least one fatal error on a clinical data field. The percentage is based on total discharges.</p>			

Version 2.5



**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

SUMMARY AUDIT ERROR

Processing Period: December 1, 2001 - December 31, 2001

	Count	Count	Percentage
Total Final Accepted Discharges	464		
December - 2001	464		
Discharges with Fatal Errors		8	1.7
Financial		3	0.6
Clinical		5	1.1
Discharges with Warning Errors		0	0.0
Financial		0	0.0
Clinical		0	0.0
Total Excluded		0	
Bill Types		0	
- Missing		0	
- Invalid		0	
- Non final		0	
- Other final		0	
Incomplete Discharges		0	

Date Prepared: 01/23/02, 9:09 AM
IDBS02 : 20551

Data Type: Inpatient
Page 1 of 1

SUMMARY AUDIT ERROR (IDBS02) Explanatory Notes

Total Final Accepted Discharges These two columns display the actual count of discharges by month in this submission for the patient type (e.g. Inpatient) found in the lower right corner of the report. The most current twelve months in the submission are displayed. The count of patients discharged prior to those twelve months will display on a separate line, as will the count of patients with an invalid or missing discharge date.	Discharges with Fatal Errors This reflects all discharges with at least one fatal error, as defined by the association or group of the participating hospital. The percentage is based on total discharges in this submission for the patient type (e.g. Inpatient) found in the lower right corner of the report.	Count This column reflects the number of patients in each category in the column to the left for the patient type (e.g. Inpatient) found in the lower right corner of the report.	Percentage This column reflects the percentage of patients in each category in the columns to the left for the patient type (e.g. Inpatient) found in the lower right corner of the report.
Financial This reflects all discharges with at least one fatal error on a financial data field.			
Clinical This reflects all discharges with at least one fatal error on a clinical data field.			
Discharges with Warning Errors This reflects all discharges with at least one warning error, as defined by the association or group of the participating hospital. The percentage is based on total discharges in this submission for the patient type (e.g. Inpatient) found in the lower right corner of the report.			
Financial This reflects all discharges with at least one warning error on a financial data field.			
Clinical This reflects all discharges with at least one warning error on a clinical data field.			
Total Excluded Records that are not included in the statistics on the set of Data Quality Reports are counted here. Records may be excluded for missing or invalid bill types. Non-final and other final bills are processed through a separate stream, so are excluded from these reports. Discharges that are missing key fields for processing are also excluded and are reported under Incomplete Discharges.			

**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

EXECUTIVE SUMMARY REPORT

Processing Period: December 1, 2001 - December 31, 2001

Discharge Summary	Discharges	Total LOS	Avg LOS	Data Summary	Total	Pct
Grand Total	464	1,452	3.1	Targeted Fatal Error Threshold	8	60.0%
Total Except Newborn*	411	1,363	3.3	Discharges with Fatal Errors	3	1.7%
Total Combined Newborn, OB	107	180	1.7	Financial	5	0.6%
				Clinical	5	1.1%

Financial	Total	%	Demographic	Total	%	Clinical	Total	%
Discharges with Total Charges			Zip Codes			Admit Type		
> \$250,000	0	0.0	In State	457	98.5	Emergency	248	53.4
\$1,000 - \$250,000	430	92.7	Out of State	3	0.6	Urgent	37	8.0
< \$1,000	34	7.3	Missing	1	0.2	Elective	126	27.2
Zero Charges	0	0.0	Invalid	3	0.6	Newborn	53	11.4
Missing and Invalid	0	0.0				Unknown	0	0.0
			Sex			Missing	0	0.0
Primary Payer			Male	188	40.5	Invalid	0	0.0
Blue Cross & Blue Shield	0	0.0	Female	276	59.5		0	0.0
Other Insurance Companies	21	4.5	Unknown	0	0.0	LOS > 60 Days	0	0.0
Other Liability Insurance	0	0.0	Missing & Invalid	0	0.0	Diagnoses/Procedures		
Medicare	137	29.5				No Principal Dx	0	0.0
Medicaid	86	18.5				No Principal Px	203	43.8
Workers Comp	4	0.9				No Secondary Dx	64	13.8
Self-Insured	0	0.0				No Secondary Px	111	42.5
HMO-PPO	208	44.8				Ungroupable	0	0.0
Champus	0	0.0						
Champus VA	0	0.0				Severity Index (RDRG)		
Other Government	0	0.0				Level 0 (minor)	225	48.5
Self Pay	8	1.7				Level 1 (moderate)	167	36.0
Free	0	0.0				Level 2 (major)	63	13.6
Other	0	0.0				Level 3 (catastrophic)	9	1.9
Missing and Invalid	0	0.0				Level 8 (early death)	0	0.0

* Note: Newborn Classification: A discharge with an ICD-9-CM code V30-V39 and type of admission indicates Newborn

Date Prepared: 01/23/02, 9:09 AM

IDBS03 : 20551

Data Type: Inpatient
Page 1 of 1

EXECUTIVE SUMMARY REPORT (IDBS03)

Explanatory Notes

Grand Total

The total count of discharges in this submission for the patient type (i.e. Inpatient) found in the lower right corner of the report. All of the remaining figures on this report are based on this population

Total Except Newborn

This count reflects the total discharges minus those discharges with a principal diagnosis code in the range of V30 through V39 with an admission type of Newborn

Total Combined Newborn, OB

This is the total number of discharges with a principal diagnosis of V30 through V39 plus those discharges with an Obstetric diagnosis of 630 through 67694.

Discharges with Total Charges

This field displays the breakdown in the range of total charges for this submission.

Primary Payer

This field displays the breakdown of primary payer as mapped to the latest UHDDS primary payer codes (listed below). The mapping is done in cooperation with the association or group of the participating hospital. This is done because the valid values for primary payer can vary across states. The primary payer, as submitted, is stored in the database.

Blue Cross & Blue Shield
Other Insurance Companies
Other Liability Insurance
Medicare
Medicaid
Workers Compensation
Self-Insured
HMO-PPO
TRICARE
Other Government
Self Pay
Charity Care

Targeted Fatal Error Threshold

The error threshold set by the association or group of the participating hospital.

Discharges with Fatal Errors

This count reflects all discharges with at least one fatal error, as defined by the association or group of the participating hospital. The percentage is based on total discharges.

Financial Error

This count reflects all discharges with at least one fatal error on a financial data field. The percentage is based on total discharges.

Clinical Error

This count reflects all discharges with at least one fatal error on a clinical data field. The percentage is based on total discharges.

Zip Code

The counts of In State zip codes and Out of State zip codes are determined from a list of valid zip codes provided monthly by the United States Postal Service.

Sex

The information in this field represents the breakdown of patient sex, as submitted by the hospital.

Admit Type

This field displays a breakdown of discharges by admit type, as submitted by the hospital.

LOS > 60 Days

This is a count of all discharges with a length of stay greater than 60 days.

Diagnoses/Procedures

This field provides a number of statistics about patients with no diagnoses or procedures recorded. Keep in mind that discharges with no principal procedure, as well as those with no secondary diagnoses or procedures, are not necessarily in error. The percentage of discharges with no secondary procedures is calculated by dividing the number of patients with no secondary procedure by the number of patients with a principal procedure and multiplying by 100. The percentage of patients with no secondary diagnoses is calculated in a similar manner.

Severity Index (RDRG)

RDRG Severity Levels 0 through 3 are based on the fourth digit of the CMS RDRG. Level 8 Severity (early death) includes all discharges with an RDRG assignment of 8010 through 8250. CMS RDRG is assigned using the grouper version appropriate for the discharge date of the patient.

Data Submissions Guidelines

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V-21A



WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183

CLINICAL DATA QUALITY AND HISTORICAL COMPARISON
 Processing Period: December 1, 2001 - December 31, 2001

		Historical		Historical		Historical	
		Total	% Comparison	Total	% Comparison	Total	% Comparison
Total Discharges		464	100.0				
Zip Code							
In State	457	98.5					
Out of State	3	0.6					
Missing	1	0.2					
Invalid	3	0.6					
LOS							
1	166	35.8					
2-10	280	60.3					
11-30	18	3.9					
31-60	0	0.0					
61-100	0	0.0					
101+	0	0.0					
Incalculable	0	0.0					
Age In Years							
Newborn	53	11.4					
<1	1	0.2					
1-14	2	0.4					
15-44	130	28.0					
45-64	121	26.1					
65-74	50	10.8					
75+	107	23.1					
Incalculable	0	0.0					
Attending Physician							
UPIN#	0	0.0					
Other	727	156.7					
Missing & Invalid	0	0.0					
Admit Type							
Emergency	248	53.4					
Urgent	37	8.0					
Elective	126	27.2					
Newborn	53	11.4					
Unknown	0	0.0					
Invalid	0	0.0					
Missing	0	0.0					
Admit Source							
Unknown	0	0.0					
Missing & Invalid	0	0.0					
Patient Status							
Home	360	77.6					
Other Short Term	14	3.0					
SNF	18	3.9					
ICF	0	0.0					
Other	37	8.0					
Home IV Therapy	0	0.0					
Home Health	20	4.3					
Against Advice	1	0.2					
Expired	14	3.0					
Missing & Invalid	0	0.0					
Sex							
Male	188	40.5					
Female	276	59.5					
Unknown	0	0.0					
Missing & Invalid	0	0.0					
Principal Dx							
Valid	464	100.0					
Invalid	0	0.0					
Missing	0	0.0					
Additional Dx							
Valid	1,683	362.7					
Invalid	0	0.0					
Avg # per discharge							
# with no additional Dx	3,627	13.8					
Principal Px							
Valid	261	56.3					
Invalid	0	0.0					
Not Recorded	203	43.8					
Additional Pxs							
Valid	316	121.1					
Invalid	0	0.0					
Avg # per discharge							
# with no additional Pxs	1,211	42.5					
Missing & Invalid Admit Date							
Missing & Invalid Birth Date	0	0.0					

Note: All Historical Comparisons are based on your most recent previous submission

Date Prepared: 01/23/02, 9:09 AM

IDBS04 : 20551

Data Type: Inpatient
Page 1 of 1

CLINICAL DATA QUALITY AND HISTORICAL COMPARISON (IDBS04) Explanatory Notes

Total Discharges

The total count of discharges in this submission for the patient type (i.e. Inpatient) found in the lower right corner of the report. All of the remaining figures on this report are based on this population.

Zip Code

The counts of In State zip codes and Out of State zip codes are determined from a list of valid zip codes provided monthly by the United States Postal Service.

LOS

Length of stay is calculated using the admit and discharge dates. Discharges with a missing or invalid admit or discharge date or with an admit date later than the discharge date are assigned an incalculable length of stay. Patients with the same admit and discharge dates are assigned a length of stay of one day.

Age in Years

For other than newborns, age is calculated by subtracting the birth date from the admit date. Discharges with a missing or invalid admit or birth date or with an admit date later than the birth date are assigned an incalculable age. Newborn age is determined by the admit type field and an age of zero.

Attending Physician

This field displays a breakdown of attending physician number types by UPIN (Universal Physician Identification Number) and Other. Submission of a physician identifier other than UPIN is not permitted by all states. Please consult Chapter 8 in the Data Submission Guidelines for state-specific information.

Admit Type

This field displays a breakdown of discharges by admit type, as submitted by the hospital.

Admit Source

Counts of discharges with an admit source recorded as unknown or with a missing or invalid admit source are reported in this field.

Patient Status

This field displays the breakdown of patient status using the standard NUBC UB92 CMS 1450 values.

Sex

The information in this field represents the breakdown of patient sex, as submitted by the hospital.

Principal Dx

Diagnoses are validated against the version of ICD-9-CM appropriate for the discharge date of the patient.

Additional Dx

The average number of additional diagnoses per discharge is calculated by dividing the total number of additional diagnoses by the number of discharges with an additional diagnosis recorded. Diagnoses are validated against the version of ICD-9-CM appropriate for the discharge date of the patient.

Principal Px

Procedures are validated against the version of ICD-9-CM or CPT appropriate for the discharge date of the patient

Additional Px

The average number of additional procedures per discharge is calculated by dividing the total number of additional procedures by the number of discharges with an additional procedure recorded. Procedures are validated against the version of ICD-9-CM or CPT appropriate for the discharge date of the patient.

Missing & Invalid Admit Date

This field shows the count of all discharges with an invalid or missing admit date.

Missing & Invalid Birth Date

This field shows the count of all discharges with an invalid or missing birth date.

**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

FINANCIAL DATA QUALITY AND HISTORICAL COMPARISON

Processing Period: December 1, 2001 - December 31, 2001

		Historical Comparison		Historical Comparison		Historical Comparison	
		Total	%	Total	%	Total	%
Discharges with Total Charges							
>\$250,000	0	0.0	Service		Revenue Codes		
\$1,000 - \$250,000	430	92.7	Medical		Missing		
<\$1,000	34	7.3	Surgical		Invalid		
Zero Charges	0	0.0	Obstetric				
Missing & Invalid	0	0.0	Psychiatric				
			Pediatric				
Primary Payer			Newborn		Severity Index (RDRG)		
Blue Cross & Blue Shield	0	0.0	Unassignable		Level 0 (minor)		
Other Insurance Companies	21	4.5			Level 1 (moderate)		
Other Liability Insurance	0	0.0			Level 2 (major)		
Medicare	137	29.5			Level 3 (catastrophic)		
Medicaid	86	18.5			Level 8 (early death)		
Workers Comp	4	0.9					
Self-Insured	0	0.0					
HMO-PPO	208	44.8					
Champus	0	0.0					
Champus VA	0	0.0					
Other Government	0	0.0					
Self Pay	8	1.7					
Free	0	0.0					
Other	0	0.0					
Missing and Invalid	0	0.0					

Note: All Historical Comparisons are based on your most recent previous submission

Date Prepared: 01/23/02, 9:09 AM
IDBS05 : 20551

Data Type: Inpatient
Page 1 of 1

FINANCIAL DATA QUALITY AND HISTORICAL COMPARISON (IDBS05)
Explanatory Notes

All figures on this report are based on all discharges within the submission for the patient type (i.e. Inpatient) found in the lower right corner of the report.

Discharges with Total Charges

This field displays the breakdown in the range of total charges for this submission.

Service

The service groups referred to in this field are assigned based on hospital services determined by the patient's age, sex, and ICD-9-CM diagnosis and procedure codes in a methodology originally developed by CPHA. These service assignments do not necessarily reflect Service Lines within the hospital.

Revenue Codes

This field displays the count of line item charge information submitted with invalid or missing revenue codes. Since each discharge may have more than one revenue code recorded, this number and percentage could be higher than the total number of discharges.

Primary Payer

This field displays the breakdown of primary payer as mapped to the latest UHDDS primary payer codes (listed below). The mapping is done in cooperation with the association or group of the participating hospital. This is done because the valid values for primary payer can vary across states. The primary payer, as submitted, is stored in the database.

Blue Cross & Blue Shield
Other Insurance Companies
Other Liability Insurance
Medicare
Medicaid
Workers Compensation
Self-Insured
HMO-PPO
TRICARE
Other Government
Self Pay
Charity Care

Severity Index (RDRG)

RDRG Severity Levels 0 through 3 are based on the fourth digit of the CMS RDRG.

Level 0 = minor severity
Level 1 = moderate severity
Level 2 = major severity
Level 3 = catastrophic severity

Level 8 Severity (early death) includes all discharges with an RDRG assignment of 8010 through 8250 regardless of the fourth digit. CMS RDRG is assigned using the grouper version appropriate for the discharge date of the patient.



**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

CLASSIFICATION BY DRG

Processing Period: December 1, 2001 - December 31, 2001

DRG	Title	Total Discharges		Total LOS		Avg LOS	Age Group Percentage				
		Count	%	Count	%		<01	1-14	15-44	45-64	75+
005	Extracranial vasc px	3	0.6	5	0.3	1.7	0.0	0.0	0.0	33.3	66.7
007	Nerve procedures w CC	1	0.2	2	0.1	2.0	0.0	0.0	0.0	100.0	0.0
009	Spinal disorders/injury	1	0.2	7	0.5	7.0	0.0	0.0	0.0	100.0	0.0
011	NS neoplasm w/o CC	1	0.2	2	0.1	2.0	0.0	0.0	0.0	100.0	0.0
014	Cerebrovasc dx X TIA	6	1.3	17	1.2	2.8	0.0	0.0	0.0	16.7	83.3
015	TIA	1	0.2	5	0.3	5.0	0.0	0.0	0.0	0.0	100.0
017	Nonspecific CVD w/o CC	1	0.2	1	0.1	1.0	0.0	0.0	0.0	0.0	100.0
018	CN & PN disorders w CC	1	0.2	1	0.1	1.0	0.0	0.0	0.0	0.0	100.0
024	Seizure, HA age >17 w CC	3	0.6	6	0.4	2.0	0.0	0.0	0.0	33.3	66.7
025	Seizure, HA age >17 s CC	2	0.4	4	0.3	2.0	0.0	0.0	50.0	0.0	50.0
028	T-coma <1 hr age >17 w CC	1	0.2	3	0.2	3.0	0.0	0.0	0.0	0.0	100.0
031	Concussion age >17 w CC	1	0.2	2	0.1	2.0	0.0	0.0	100.0	0.0	0.0
034	Other NS disorders w CC	1	0.2	1	0.1	1.0	0.0	0.0	0.0	0.0	0.0
052	Cleft lip, palate repair	1	0.2	3	0.2	3.0	0.0	0.0	0.0	100.0	0.0
055	Misc ENT procedures	1	0.2	2	0.1	2.0	0.0	0.0	0.0	0.0	0.0
068	OM & URI age >17 w CC	1	0.2	3	0.2	3.0	0.0	0.0	0.0	0.0	0.0
076	Other RS O.R. px w CC	3	0.6	25	1.7	8.3	0.0	0.0	33.3	66.7	0.0
078	Pulmonary embolism	2	0.4	7	0.5	3.5	0.0	0.0	0.0	50.0	50.0
079	RS inf & inflam >17 w CC	3	0.6	11	0.8	3.7	0.0	0.0	0.0	66.7	33.3
082	Respiratory neoplasms	2	0.4	5	0.3	2.5	0.0	0.0	0.0	0.0	100.0
087	Pulm edema, resp failure	2	0.4	2	0.1	1.0	0.0	0.0	0.0	100.0	0.0
088	COPD	2	0.4	6	0.4	3.0	0.0	0.0	0.0	50.0	50.0
089	Pneum&pleur age >17 w CC	12	2.6	53	3.7	4.4	0.0	0.0	16.7	33.3	33.3
090	Pneum&pleur age >17 s CC	1	0.2	2	0.1	2.0	0.0	0.0	0.0	100.0	0.0

WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183

35 MOST FREQUENT DIAGNOSIS RELATED GROUPS (DRGs)

Processing Period: December 1, 2001 - December 31, 2001

DRG	Title	Total Discharges Count	%	Total LOS Count	%	Avg LOS	Avg \$	Total Charges Min \$	Max \$
391	Normal newborn	45	15.1	62	7.3	1.4	929.97	347.00	3,148.70
373	Vag delivery, no med comp	34	11.4	50	5.9	1.5	3,292.80	986.85	7,641.75
209	Maj jt & reattach px, LE	14	4.7	53	6.3	3.8	16,982.51	8,198.50	23,709.80
089	Pneum&pleur age >17 w CC	12	4.0	53	6.3	4.4	11,190.95	2,857.10	33,810.14
122	AMI w/o major comp-alive	11	3.7	29	3.4	2.6	10,723.00	5,282.95	21,873.52
174	GI hemorrhage w CC	11	3.7	24	2.8	2.2	8,277.19	4,724.35	14,730.80
127	Heart failure, shock	10	3.3	40	4.7	4.0	12,548.49	2,185.80	49,953.84
475	Resp dx w ventil supp	10	3.3	56	6.6	5.6	26,175.26	3,301.45	63,774.95
138	Arrhyth, conduct dx w CC	9	3.0	36	4.3	4.0	7,704.99	2,552.70	14,787.65
371	Cesarean section w/o CC	9	3.0	21	2.5	2.3	4,583.14	3,890.25	6,351.95
143	Chest pain	8	2.7	9	1.1	1.1	4,756.24	2,609.30	6,209.45
359	Uter, adn px X mal s CC	8	2.7	16	1.9	2.0	7,776.49	5,508.70	11,300.74
416	Septicemia age >17	8	2.7	43	5.1	5.4	20,588.78	4,700.65	100,148.85
148	Maj intestinal px w CC	7	2.3	77	9.1	11.0	32,861.87	11,838.50	60,892.00
219	Hum, LE px age >17 s CC	7	2.3	11	1.3	1.6	8,139.00	6,599.55	12,333.13
296	Misc metabol dx >17 w CC	7	2.3	19	2.2	2.7	5,723.02	3,181.45	12,582.30
494	Lapscp CHOLE no CDE s CC	7	2.3	10	1.2	1.4	8,872.45	6,726.80	12,410.30
014	Cerebrovasc dx X TIA	6	2.0	17	2.0	2.8	6,231.58	3,470.80	9,015.15
121	AMI w maj comp-alive	6	2.0	20	2.4	3.3	14,191.56	4,735.65	31,049.15
188	Other GI dx age >17 w CC	6	2.0	14	1.7	2.3	6,032.62	1,377.10	10,373.45
210	Oth hip/FEM px >17 w CC	6	2.0	32	3.8	5.3	14,623.92	11,310.04	18,464.10
167	APPY, routine w/o CC	5	1.7	7	0.8	1.4	6,448.53	6,304.30	6,629.55
202	Cirr, alcohol hepatitis	5	1.7	27	3.2	5.4	20,609.24	9,039.10	35,240.30
320	KUB INF age >17 w CC	5	1.7	22	2.6	4.4	11,384.17	5,577.15	15,437.00



**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

35 MOST FREQUENT PRINCIPAL DIAGNOSIS (Dx) CODES

Processing Period: December 1, 2001 - December 31, 2001

Dx	Title	Total Discharges		Total LOS		Avg LOS	Total Charges		
		Count	%	Count	%		Avg \$	Min \$	Max \$
V30.00	Single LB-in hosp NEC	39	18.2	52	8.0	1.3	1,116.19	347.00	10,050.70
518.81	Ac respiratory failure	12	5.6	73	11.2	6.1	29,942.59	3,301.45	87,316.54
V30.01	Sngl LB, hosp, del by	12	5.6	30	4.6	2.5	1,706.57	868.75	7,986.70
428.0	Congestive heart failu	11	5.1	49	7.5	4.5	13,373.08	2,185.80	49,953.84
486	Pneumonia, organism NO	8	3.7	28	4.3	3.5	9,675.97	5,772.75	19,178.55
650	Normal delivery	8	3.7	8	1.2	1.0	2,531.75	986.85	3,256.10
276.5	Hypovolemia	7	3.3	15	2.3	2.1	4,382.85	3,181.45	5,975.00
427.31	Atrial fibrillation	7	3.3	20	3.1	2.9	6,616.31	2,552.70	13,318.45
715.36	Loc OA NOS-low LE	7	3.3	26	4.0	3.7	16,175.36	10,175.81	23,444.07
410.41	Inf AMI NEC-initial	6	2.8	18	2.8	3.0	16,009.31	4,735.65	33,423.38
410.11	Ant AMI NEC-initial	5	2.3	18	2.8	3.6	17,698.41	7,668.90	38,800.15
540.9	Acute appendicitis NOS	5	2.3	8	1.2	1.6	7,580.72	6,304.30	11,980.80
571.2	Alcohol cirrhosis live	5	2.3	27	4.2	5.4	20,609.24	9,039.10	35,240.30
654.21	Previous CD NOS-del	5	2.3	9	1.4	1.8	3,755.12	2,656.40	4,302.35
664.11	Del w 2 deg lac-del	5	2.3	5	0.8	1.0	3,062.65	2,768.60	3,274.95
786.59	Chest pain NEC	5	2.3	6	0.9	1.2	5,004.31	2,609.30	6,209.45
410.71	Subend infarct-initial	4	1.9	9	1.4	2.3	10,413.16	6,276.90	14,148.86
410.91	AMI NOS-initial episod	4	1.9	16	2.5	4.0	11,524.84	5,282.95	14,487.21
560.81	Intestinal adhes w obs	4	1.9	35	5.4	8.8	27,053.56	5,445.50	52,643.68
574.00	GB CAL w acute chol	4	1.9	7	1.1	1.8	10,230.74	7,216.85	16,735.00
577.0	Acute pancreatitis	4	1.9	25	3.8	6.3	16,616.43	5,616.30	23,749.00
642.31	Transient HTN preg, de	4	1.9	14	2.2	3.5	6,545.98	4,879.30	7,641.75
663.31	Cord entangle NEC-del	4	1.9	6	0.9	1.5	2,706.83	1,266.25	3,978.85
664.01	Del w 1 deg lac-del	4	1.9	6	0.9	1.5	3,376.68	2,552.20	3,896.30



**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

35 MOST FREQUENT PRINCIPAL PROCEDURE (Px) CODES

Processing Period: December 1, 2001 - December 31, 2001

Px	Title	Total Discharges		Total LOS		Avg LOS	Total Charges		Max \$
		Count	%	Count	%		Avg \$	Min \$	
73.59	N Manual assisted del NE	16	9.2	22	3.9	1.4	3,372.48	986.85	7,310.90
96.71	N Cont mech vent-<96 hou	14	8.1	49	8.6	3.5	16,766.46	3,301.45	33,607.96
51.23	N Lapscpt cholecystectomy	11	6.4	38	6.7	3.5	16,676.35	6,726.80	88,087.38
74.1	N Low cervical CD	11	6.4	25	4.4	2.3	4,274.63	1,819.90	6,351.95
73.6	N Episiotomy	10	5.8	13	2.3	1.3	2,698.32	1,266.25	3,978.85
37.22	N Left heart cardiac cat	7	4.0	10	1.8	1.4	13,069.78	10,604.45	14,487.21
79.35	N ORIF femur	7	4.0	35	6.1	5.0	13,914.91	9,660.85	18,464.10
81.54	N Total knee replacement	7	4.0	26	4.6	3.7	16,175.36	10,175.81	23,444.07
47.09	N Other appendectomy	6	3.5	11	1.9	1.8	7,593.76	6,304.30	13,319.90
45.13	N Sm bowel endoscopy NEC	5	2.9	15	2.6	3.0	9,903.63	7,060.00	12,550.45
68.4	N Total abd hysterectomy	5	2.9	23	4.0	4.6	12,960.94	5,508.70	37,757.45
79.36	N ORIF tibia & fibula	5	2.9	12	2.1	2.4	9,135.17	6,599.55	12,333.13
81.51	N Total hip replacement	5	2.9	21	3.7	4.2	19,774.42	14,984.61	23,709.80
45.23	N Colonoscopy	4	2.3	10	1.8	2.5	8,106.56	5,288.80	10,373.45
45.25	N Clsd (endo) lg intest	4	2.3	11	1.9	2.8	8,341.83	4,969.60	10,005.05
45.76	N Sigmoidectomy	4	2.3	36	6.3	9.0	24,448.86	16,197.40	43,541.95
72.71	N VED w episiotomy	4	2.3	10	1.8	2.5	4,637.76	1,321.35	7,641.75
80.51	N IV disc excision	4	2.3	14	2.5	3.5	9,667.40	4,722.70	22,339.30
34.91	N Thoracentesis	3	1.7	24	4.2	8.0	21,541.68	11,636.35	33,810.14
36.01	N 1 PTCA/atherect w/o TL	3	1.7	8	1.4	2.7	30,632.57	19,674.19	38,800.15
38.12	N Head/nk endarterect NE	3	1.7	5	0.9	1.7	9,016.52	8,056.75	10,500.15
39.29	N Vasc shunt & bypass NE	3	1.7	20	3.5	6.7	28,856.64	8,138.25	63,937.05
45.16	N EGD with closed biopsy	3	1.7	4	0.7	1.3	7,988.67	5,940.55	11,076.05
45.62	N Part sm bowel resect N	3	1.7	23	4.0	7.7	20,654.52	11,838.50	30,927.30

N = HCFA Defined Nonoperative Procedure

Date Prepared: 01/23/02, 9:09 AM
IDBS10 : 20551

Data Type: Inpatient
Page 1 of 2



**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

AUDIT ERROR TURNAROUND DOCUMENT

Processing Period: December 1, 2001 - December 31, 2001

Solucient Rec. Key:		503000402	Disch. Date :		12/01/01	Bill Type:		111
Med. Rec. No.:		514041	Admit Date:		12/01/01			
Patient Con No.:		000078305570	Birth Date:		06/04/58			
Audit ID	F/W	* Occ. #	Input Value	Error Message	Additional Information	Correct Value		
8802	F			No accommodation revenue codes				

* Error Type: F=Fatal and W=Warning

Date Prepared: 01/23/02, 9:09 AM

IDBS11 : 20551

Data Type: Inpatient
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AUDIT ERROR TURNAROUND DOCUMENT (IDBS11) Explanatory Notes

This report displays all of the errors that occurred for an individual patient. There is one patient per page, but a patient may have more than one page if many errors have occurred.

Solucient Record Key The unique patient identifier assigned by Solucient.		Disch. Date Discharge date as submitted by the hospital.	Bill Type Bill type as submitted by the hospital.
Med. Rec. No. Medical record number as submitted by the hospital.		Admit Date Admit date as submitted by the hospital.	
Patient Con No. and Seq Patient control number is displayed as submitted by the hospital. The Sequence Number is assigned to each patient by Solucient and is used to track multiple occurrences of the same patient control number.		Birth Date Birth date as submitted by the hospital.	

Audit ID This is the number Solucient has assigned to the error message.	Error Type F/W A fatal error (F) is considered to be a serious error that affects the error rate of the hospital. A warning error (W) does not contribute to the error rate, but does apply to a data element that is being collected by the association or group of the participating hospital. These error types are established by the association or group, as well as the individual hospital.	Occ. # For fields that may occur more than once, this column displays the occurrence number. For example, if an invalid revenue code was recorded on the fifth line item of charge information, this column would display the number 5.	Input Value This column contains the contents of the field in error as originally submitted by the hospital.	Error Message This column describes the error that has occurred.	Additional Information Any additional information that may be helpful in identifying what is wrong displays in this column. For example, if individual ancillary charges do not add up to total ancillary charges, both the total ancillary charges field (as submitted) and the total calculated from adding up the individual ancillary charges will display.	Correct Value This column is provided for the hospital to write in the correct value for the field in error.
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**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

AUDIT ERROR SUMMARY REPORT

Processing Period: December 1, 2001 - December 31, 2001

Audit ID	Error Type F/W *	Error Message	Discharge Month	Error Message Count	Total Count For Message
1380	F	ZIP Code is missing.	Dec-2001	1	1
8282	F	Diagnosis indicates trauma or poisoning, but no E-code is present	Dec-2001	1	1
8802	F	No accommodation revenue codes	Dec-2001	2	2
8806	F	ZIP Code is invalid	Dec-2001	4	4
8822	F	Charges per day > \$ 25000	Dec-2001	1	1

* Error Type: F=Fatal and W=Warning

AUDIT ERROR SUMMARY REPORT (IDBS12) Explanatory Notes

All figures on this report are based on all discharges within the submission for the patient type (e.g. Inpatient) found in the lower right corner of the report.

Audit ID This is the number Solucient has assigned to the error message.	Error Type F/W A fatal error (F) is considered to be a serious error that affects the error rate of the hospital. A warning error (W) does not contribute to the error rate, but does apply to a data element that is being collected by the association or group of the participating hospital. These error types are established by the association or group, as well as the individual hospital.	Error Message This column describes the error that has occurred.	Discharge Month The discharge month(s) in which the specified error occurred are noted here.	Error Message Count For each discharge month listed, the number of times the error occurred is displayed. If a patient had the same error more than once (e.g. invalid revenue code), that error is counted as many times as it occurred.	Total Count for Message This column shows the total number of times the specific error occurred for all months in the submission.
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**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM**

Reaudit Data Quality Reports

Auburn Regional Medical Center - 183

<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Support Specialist: _____

For assistance, please contact your Support Specialist at (800) 568-3282

**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183
REAUDIT EXECUTIVE SUMMARY REPORT**
Reaudit Period: July 1, 2001 - September 30, 2001

Discharge Summary	Discharges	Total LOS	Avg LOS	Data Summary	Total	Pct
Grand Total	1,632	4,670	2.9	Targeted Fatal Error Threshold	6	60.0%
Total Except Newborn*	1,445	4,232	2.9	Discharges with Fatal Errors	3	0.4%
Total Combined Newborn, OB	399	812	2.0	Financial	3	0.2%
				Clinical	3	0.2%

Financial	Total	%	Demographic	Total	%	Clinical	Total	%
Discharges with Total Charges			Zip Codes			Admit Type		
> \$250,000	0	0.0	In State	1,604	98.3	Emergency	818	50.1
\$1,000 - \$250,000	1,511	92.6	Out of State	28	1.7	Urgent	134	8.2
< \$1,000	121	7.4	Missing	0	0.0	Elective	492	30.1
Zero Charges	0	0.0	Invalid	0	0.0	Newborn	188	11.5
Missing & Invalid	0	0.0				Unknown	0	0.0
Primary Payer			Sex			Missing	0	0.0
Blue Cross & Blue Shield	0	0.0	Male	664	40.7	Invalid	0	0.0
Other Insurance Companies	137	8.4	Female	968	59.3		0	0.0
Other Liability Insurance	0	0.0	Unknown	0	0.0	LOS > 60 Days		
Medicare	532	32.6	Missing & Invalid	0	0.0	Diagnoses/Procedures		
Medicaid	218	13.4				No Principal Dx	0	0.0
Workers Comp	19	1.2				No Principal Px	758	46.4
Self-Insured	0	0.0				No Secondary Dx	235	14.4
HMO-PPO	701	43.0				No Secondary Px	302	34.6
Champus	2	0.1				Ungroupable	0	0.0
Champus VA	0	0.0				Severity Index (RDRG)		
Other Government	0	0.0				Level 0 (minor)	803	49.2
Self Pay	23	1.4				Level 1 (moderate)	628	38.5
Free	0	0.0				Level 2 (major)	148	9.1
Other	0	0.0				Level 3 (catastrophic)	53	3.2
Missing and Invalid	0	0.0				Level 8 (early death)	0	0.0

* Note: Newborn Classification: A discharge with an ICD-9-CM code V30-V39 and type of admission indicates Newborn

Date Prepared: 01/30/02, 1:12 AM
IDBS03RE : 2714

Data Type: Inpatient
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**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

REAUDIT CLINICAL DATA QUALITY REPORT

Reaudit Period: July 1, 2001 - September 30, 2001

	Total	%	Total	%	Total	%
Total Discharges	1,632	100.0				
Zip Code						
In State	1,604	98.3				
Out of State	28	1.7				
Missing	0	0.0				
Invalid	0	0.0				
LOS						
1	606	37.1				
2-10	986	60.4				
11-30	38	2.3				
31-60	2	0.1				
61-100	0	0.0				
101+	0	0.0				
Incalculable	0	0.0				
Age In Years						
Newborn	188	11.5				
<1	5	0.3				
1-14	15	0.9				
15-44	484	29.7				
45-64	352	21.6				
65-74	224	13.7				
75+	364	22.3				
Incalculable	0	0.0				
Attending Physician						
UPIN#	39	2.4				
Other	2,607	159.7				
Missing & Invalid	0	0.0				
Admit Type						
Emergency	818	50.1				
Urgent	134	8.2				
Elective	492	30.1				
Newborn	188	11.5				
Unknown	0	0.0				
Invalid	0	0.0				
Missing	0	0.0				
Admit Source						
Unknown	0	0.0				
Missing & Invalid	0	0.0				
Patient Status						
Home	1,305	80.0				
Other Short Term	40	2.5				
SNF	80	4.9				
ICF	1	0.1				
Other	96	5.9				
Home Health	66	4.0				
Home IV Therapy	0	0.0				
Against Advice	14	0.9				
Expired	30	1.8				
Missing & Invalid	0	0.0				
Sex						
Male	664	40.7				
Female	968	59.3				
Unknown	0	0.0				
Missing & Invalid	0	0.0				
Principal Dx						
Valid	1,632	100.0				
Invalid	0	0.0				
Missing	0	0.0				
Additional Dx						
Valid	5,618	344.2				
Invalid	0	0.0				
Avg # per discharge # with no additional Dx						
Valid	3,442	14.4				
Invalid	235					
Principal Px						
Valid	874	53.6				
Invalid	0	0.0				
Not Recorded	758	46.4				
Additional Px						
Valid	1,182	135.2				
Invalid	0	0.0				
Avg # per discharge # with no additional Px						
Valid	1,352	34.6				
Invalid	302					
Missing & Invalid Admit Date						
Missing & Invalid Birth Date	0	0.0				
Missing & Invalid Birth Date	0	0.0				

**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

REAUDIT FINANCIAL DATA QUALITY REPORT

Reaudit Period: July 1, 2001 - September 30, 2001

Discharges with Total Charges			Service			Severity Index (RDRG)			Revenue Codes		
Total	%		Total	%		Total	%		Total	%	
>\$250,000	0	0.0	Medical	628	38.5	Accommodations	0	0.0			
\$1,000 - \$250,000	1,511	92.6	Surgical	583	35.7	Missing	0	0.0			
<\$1,000	121	7.4	Obstetric	212	13.0	Invalid	0	0.0			
Zero Charges	0	0.0	Psychiatric	8	0.5						
Missing & Invalid	0	0.0	Pediatric	14	0.9	Ancillary					
			Newborn	187	11.5	Missing	0	0.0			
			Unassignable	0	0.0	Invalid	0	0.0			



**WASHINGTON STATE DEPARTMENT OF HEALTH
INTEGRATED DATABASE SYSTEM
Auburn Regional Medical Center - 183**

REAUDIT AUDIT ERROR SUMMARY REPORT

Reaudit Period: July 1, 2001 - September 30, 2001

Audit ID	Error Type F/W *	Error Message	Discharge Month	Error Message Count	Total Count For Message
1061	F	Ancillary service units is missing.	Jul-2001	2	2
1640	F	Admit type is newborn and birth date is more than 2 days before admit date.	Aug-2001	1	1
8802	F	No accommodation revenue codes	Jul-2001	1	1
8897	F	More than 40 revenue codes for patient	Sep-2001	2	2

* Error Type: F=Fatal and W=Warning

Date Prepared: 01/30/02, 1:12 AM
IDBS12RE : 2714

Data Type: Inpatient
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